



Tennessee Department of Environment and Conservation,
Division of Water Resources
William R. Snodgrass-Tennessee Tower
312 Rosa L. Parks Avenue, 11th Floor, Nashville, TN 37243
(615) 532-0625

**CONCENTRATED ANIMAL FEEDING OPERATION (CAFO)
STATE OPERATING PERMIT (SOP)
NOTICE OF INTENT (NOI)**

Type of permit you are requesting: ☐ SOPCD0000 (designed to discharge) ☐ SOPC00000 (no discharge) ☐ Unknown, please advise
Application type: ☐ New Permit ☐ Permit Reissuance ☒ Permit Modification
If this NOI is submitted for Permit Modification or Reissuance provide the existing permit tracking number: _____

OPERATION IDENTIFICATION

Operation Name: Mark Hall		County: Franklin
Operation Location/ Physical Address: 202 High Dollar Heifer Lane Estill Springs, Tennessee 37330		Latitude: 3519' 10.297" N Longitude: 862' 51.229" W
Name and distance to nearest receiving water(s): Topo map shows blue line stream within farm boundary		
If any other State or Federal Water/Wastewater Permits have been obtained for this site, list those permit numbers: None		
Animal Type: <input type="checkbox"/> Poultry <input type="checkbox"/> Swine <input type="checkbox"/> Dairy <input checked="" type="checkbox"/> Beef <input type="checkbox"/> Other _____		
Number of Animals: 400	Number of Barns: 0	Name of Integrator: N/A
Type of Animal Waste Management: (check all that apply) <input checked="" type="checkbox"/> Dry <input checked="" type="checkbox"/> Liquid <input type="checkbox"/> Liquid, Closed System (i.e. covered tank, under barn pit, etc.)		
Attach the NMP <input type="checkbox"/> NMP Attached	Attach the closure plan <input type="checkbox"/> Closure Plan Attached	Attach a topographic map <input type="checkbox"/> Map Attached

PERMITTEE IDENTIFICATION

Official Contact (applicant): Mark Hall		Title or Position: Owner		<input checked="" type="checkbox"/> Correspondence <input checked="" type="checkbox"/> Invoice
Mailing Address: 202 High Dollar Lane	City: Estill Springs	State: TN	Zip: 37330	
Phone number(s): 931-607-8376	E-mail: faithmark@bellsouth.net			
Optional Contact: Gay Hall Luthi		Title or Position: Sister		<input checked="" type="checkbox"/> Correspondence <input checked="" type="checkbox"/> Invoice
Address: 71 Brookfield Circle	City: Winchester	State: TN	Zip: 37398	
Phone number(s): 931-308-8016	E-mail: ghluthi@gmail.com			

APPLICATION CERTIFICATION AND SIGNATURE (must be signed in accordance with the requirements of Rule 0400-40-05-.14)

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Name and title; print or type Mark Hall	Signature 	Date 10-7-14
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STATE USE ONLY

Received Date	Reviewer	EFO	T & E Aquatic Fauna	Tracking No.
	Impaired Receiving Stream	High Quality Water	RECEIVED	